

KANSAS MEDICAID STATE PLAN

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REHABILITATION SERVICES LIMITATIONS

A. Community Mental Health Centers Services (cont.)

11. Medication Review:

- a. Description: The evaluation of the medication's effect on the patient including side effects, appropriate dosage and patient's compliance with prescription instructions.
- b. Qualifications: Registered nurse.
- c. Units of service are billed on a 30 minute per unit basis.
- d. Limitations: One medication review by an RN is allowed per day, per consumer. Medication reviews and monitoring by the CMHC physician are allowed for consumers who require psychotropic medications.

12. Partial Hospitalization:

- a. Description: The ongoing medically directed daily partial hospitalization group activities which provide "goal-oriented" treatment within partial hospitalization to meet the needs of the patient population by addressing psychological, interpersonal, intrapersonal, self-care and daily living issues. This includes planned treatment activities of maximizing the consumer's skills in the following areas: self-care, communication, appropriate social interaction, daily living functions, reliability, responsibility, self-control, reality orientation, and emotional judgement. The content of an individual program varies according to the specific needs of the consumer, therapeutic philosophy, function of the specific partial hospitalization program and the specific skills of the program staff.
- b. Qualifications: CMHCs providing partial hospitalization services must be certified by Medicare and approved by SRS.
- c. Units of service are billed on an hourly basis.

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REHABILITATION SERVICES LIMITATIONS

A. Community Mental Health Centers Services (Cont.)

12. d. Limitations: Alone or in conjunction with medication group, a combined total of 1560 hours are allowed per calendar year, per consumer. Only six hours per 90 days of outpatient psychotherapy (individual, group, family therapy) are covered when provided concurrently with partial hospitalization and/or targeted case management services for the long-terminally ill. Hours in addition to the six require medical necessity documentation. Partial hospitalization activity and psychosocial treatment group cannot be billed/reimbursed for the same date of service on the same consumer.

13. Pre-Admission Screening Assessment:

- a. Description: Face-to-face assessment between a QMHP and a consumer who is a potential psychiatric hospital admission. Using a standard assessment format, a determination is made whether community based interventions have been adequately attempted.
- b. Qualifications: QMHPs
- c. Units of service are billed as either one visit or one visit of more than four hours.
- d. Limitations: There are no limitations.

14. Psychological Testing:

- a. Description: The use, in any manner, of established psychological tests, procedures and techniques with the intent of diagnosing adjustment, functional, mental, vocational, or emotional problems, or establishing treatment methods for persons having such problems.
- b. Qualifications: Ph.D. or Master's Level psychologist.

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A. Community Mental Health Centers Services (Cont.)

14. c. Units of service are billed on an hourly basis.
- d. Limitations: Psychological testing and assessment is limited to four hours every two calendar years, per consumer, regardless of provider. KAN Be Healthy program participant limitations are found in Attachment 3.1-A.
15. Psychosocial Treatment Group:
 - a. Definition: This is a covered service for individuals who do not require the more structured service of a partial hospitalization program, or who have "graduated" from partial hospitalization but still require support of psychological services. This is a self-contained, goal-directed group designed to assist consumers in minimizing or resolving the effects of mental and emotional impairments which previously required clinical and/or hospital services. The goal is to help the individual relearn to function in a group and in a social situation as a part of the process of reintegration from inpatient treatment to independent community living.
 - b. Qualifications: Group activities must be facilitated by or under the direction of a qualified mental health professional. The maximum staff-to-consumer ration for adult groups is 1:8 and 1:4 for child and adolescent groups.
 - c. Units of service are billed on an hourly basis.
 - d. Limitations: There are no limitations.

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REHABILITATION SERVICES LIMITATIONS

A. Community Mental Health Centers Services (Cont.)

16. Targeted Case Management:

- a. Definition: One-to-one goal-directed service for the long-term mentally ill or severely emotionally disturbed individual through which the individual is assisted in obtaining access to needed medical, social, educational and other services. Crisis issues are dealt with and ongoing problem solving is accomplished. This service includes assessment of the individual's impairment, goal establishment, treatment planning, crisis assistance, linkage and training for the individual in the use of basic community resources provided in a setting accessible to the individual.
- b. Qualifications: Bachelor level degreed individuals plus training and supervised by a QMHP.
- c. Units of service are billed on a 15-minute per unit basis.
- d. Limitations: There are no limitations.

B. Behavior Management Services

Behavior management services are designed to meet the needs of severely emotionally disturbed children and adolescents who, without such services, would require inpatient psychiatric hospitalization or continued hospitalization beyond the point of stabilization of their behavior and the control of symptoms. Services are reimbursed based on a fee-for-service methodology and include:

1. Attendant Care

- a. Description: One to one support or supervision provided by a trained individual to children who are Severely Emotionally Disturbed (SED). Attendant care may be provided when the consumer resides in his/her own home, biological family home, adoptive home or foster home.

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REHABILITATION SERVICES LIMITATIONS

B. Behavior Management Services (Cont.)

1.
 - b. Qualifications: Providers must have received SRS approved training for this provider type.
 - c. Units of service are billed on a per hour basis.
 - d. Limitations: Limitations are set by the individualized treatment plan. Attendant care may not be provided when the consumer resides in residential placement or a group home.

2. Comprehensive Evaluation and Treatment

- a. Description: A short term transition service which consists of a highly structured behavior management program directed toward placement of a youth in the least restrictive treatment setting, preferably in the youth's home community. The service is designed for children who have special psychological or emotional development or health care needs which have been identified as a result of a KAN Be Healthy (EPSDT) assessment or a mental health assessment.
- b. Qualifications: J.C.A.H.O. accredited.
- c. Units of service are billed on a per diem basis.
- d. Limitations: Prior authorization is required with a 90 or 120 maximum day limit.

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REHABILITATION SERVICES LIMITATIONS

B. Behavior Management Services (Cont.)

3. In-Home Therapy:

- a. Description: Therapeutic intervention by a trained therapist to help remedy client family problems which contribute to emotional disturbance. The purpose is to help avoid out of home placement, or to facilitate a child's successful return to the family if out of home placement has occurred. Home-based intervention will primarily take place in the home setting or similar community setting. Where needed, this service may also assist consumers in coordination of and accessing other community services/resources.
- b. Qualifications: Licensed Family Service Agencies, licensed child placing agencies, licensed Master's Degree Social Workers, physician, Ph.D. psychologists, or certified Master's Degree counselors registered with the Behavioral Science Regulatory Board with a certificate or degree showing advanced training in the delivery of family systems based services.
- c. Units of service are billed on an hourly basis.
- d. Limitations: This service must be prior authorized by the Commission of Child and Family Services. Documentation in the treatment plan must support that in-home therapy is necessary to prevent hospitalization or out-of-home placement of a child under 18 years of age. The in-home therapy treatment plan must be reviewed and updated every 90 days.

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REHABILITATION SERVICES LIMITATIONS

B. Behavior Management Services (Cont.)

4. Level V Group Care:

- a. Definition: Non-secure facility providing 24-hour residential care for children and youth with severe maladaptive or disruptive behavior who require a program which provides consistent structure, frequent therapeutic intervention, a controlled environment with a high degree of supervision. These children may also display emotional problems resulting from physical or sexual abuse. The behavior management portion of the treatment provided at this level of care will be funded by Medicaid when the provider is an enrolled Medicaid provider. Decisions as to level of care are based on initial staffing, periodic case reviews, and the needs of the child as placed in the least restrictive environment.
- b. Qualifications: Licensed according to SRS standards.
- c. Units of service are billed on a per diem basis for the treatment component only. Maintenance fees are not included.
- d. Limitations: Up to 140 days maximum or extension with prior authorization.

5. Level VI Group Care

- a. Definition: A highly-structured residential/hospital program which offers short-term residential services to expedite youth's placement in a less restrictive environment/return to family.
- b. Qualifications: The provider must have demonstrated excellent past performance as a youth residential care facility and be accredited by J.C.A.H.O. and licensed by SRS.
- c. Units of service are billed on a per diem basis.

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REHABILITATION SERVICES LIMITATIONS

B. Behavior Management Services (Cont.)

5. d. Limitations: The child must be screened for placement. Placements are to be of six months or less duration, unless an extension is granted through prior authorization.
6. Observation/Stabilization:
 - a. Definition: An intensive, staff secure residential/hospital unit for the purpose of stabilizing child/youth in a safe, controlled environment in order to eliminate unnecessary/inappropriate hospitalizations.
 - b. Qualifications: The unit must be staffed with/have access to professionals who are licensed/certified to provide medical services, nursing services, psychological services, social work services and child care staff. The facility must meet J.C.A.H.O. standards for children's hospital/residential services. The provider must have demonstrated excellent past performance as a youth residential care facility.
 - c. Units of service are billed on a per diem basis.
 - d. Limitations: Individuals must be screened for admission. Prior authorization is needed for continued placement beyond 48 hours and up to a maximum of five (5) days total. Such authorization shall consist of an assessment of the child's needs and a determination that no alternative services are available to meet those needs.
7. Specialized Residential Group Treatment:
 - a. Definition: Residential group care facilities in which there are staff trained in providing treatment to high-risk, impulsive youth and community-based residential treatment for dually diagnosed (both mentally retarded and mentally impaired) youth having severe behavioral problems.

Substitute per letter dated 5/9/97 *

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REHABILITATION SERVICES LIMITATIONS

B. Behavior Management Services (Cont.)

7.
 - b. Qualifications: Licensed according to SRS standards.
 - c. Units of service are billed on a per diem basis.
 - d. Limitations: Limitations are addressed in each individual treatment plan.

8. Therapeutic Foster Care:

- a. Definition: 24-hour care, provided by highly trained licensed family foster care providers, who are recruited, assessed, trained and supported with intensive on-site casework supervision by licensed child placing agencies who are enrolled Medicaid providers.
- b. Qualifications: Training provided by licensed child placing agencies.
- c. Units of service are billed on a per diem basis.
- d. Limitations: Only one child may be placed in each home with a maximum of 180 days stay.

9. Family Preservation

- a. Definition: A bundled system of services which are intensive, time-limited, crisis oriented, and therapeutic intervention oriented and provided to the family in the child's home. Treatment services are focused on the child as a part of the family group and address the issues which the family members present as barriers to the child(ren) remaining safely in the home. Specific services are defined above and include:

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REHABILITATION SERVICES LIMITATIONS

B. Behavior Management Services (Cont.)

9. a.
 - (1). partial hospitalization
 - (2). attendant care
 - (3). psychological evaluation
 - (4). individual therapy
 - (5). group therapy
 - (6). family therapy
 - (7). in-home therapy
- b. Qualifications: Providers of Family Preservation are determined pursuant to a negotiated contract. Qualifications of individual providers are described under the specific services described above.
- c. Units of service are billed on a per diem basis but are limited by the bundled case rate.
- d. Limitations: None.

10. Adoption Support Services

- a. Definition: A bundle of services designed to assure successful adoptive placements for children. These bundled services provide a continuing system of support to the adoptive child in order to facilitate the adjustment process; assure the finalization of the adoption and/or maintain the placement after finalization. Individual services include:
 - (1). Residential Foster Care - Level V
 - (2). Residential Foster Care - Level VI
 - (3). Therapeutic Foster Care
 - (4). Community Based Residential Treatment for Dually Diagnosed Youth

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